

Healthy Opportunities Pilots: *Overview and Introduction to Request for Information (RFI)*

February 20, 2019

Agenda

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North Carolina's Transition to Medicaid Managed Care

North Carolina's Medicaid Transformation & Transition to Managed Care

Medicaid Transformation Vision: To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care which addresses both medical and non-medical drivers of health.

- DHHS is transitioning its Medicaid and NC Health Choice programs from predominantly fee-for-service to managed care, as directed by the NC General Assembly.
- DHHS has collaborated extensively with diverse stakeholders to shape the managed care program, and its goals:
 - Deliver **whole-person health** through coordinated physical health, behavioral health, intellectual/developmental disability, pharmacy, and social needs care models
 - Address the **full set of factors** that impact health, uniting communities and health care systems
 - Perform **localized care management** at the site of care, in the home or community
 - Streamline **beneficiaries' experience** with a simple, timely and user-friendly eligibility and enrollment process;
 - Maintain broad **provider participation** by mitigating provider administrative burden

Overview of Medicaid Managed Care

Under managed care, the majority of Medicaid/NC Health Choice beneficiaries will receive health coverage through Prepaid Health Plans (PHPs).

There will be **two types of PHPs**:

1. Commercial plans
2. Provider-led entities

PHP contracts were awarded on February 4th, 2019. For more information, visit North Carolina's [Medicaid Transformation Website](#) or see the Appendix.

PHPs will offer **two types of products**:

1. Standard plans for most beneficiaries
 - *Scheduled to launch in late 2019*
2. Tailored plans for high-need populations
 - *Tentatively scheduled to launch in July 2021*

North Carolina Medicaid providers will need to contract directly with and be reimbursed by PHPs, rather than the State

Note: Certain populations will **continue to receive fee-for-service (FFS) coverage** on an ongoing basis

Healthy Opportunities in Medicaid Transformation

Promoting “Healthy Opportunities,” or addressing enrollees’ social needs, is a core focus of North Carolina’s transformation to Medicaid Managed Care.

Embedding Healthy Opportunities in the Managed Care Program:

- All PHPs will have a role in addressing non-medical factors that drive health outcomes and costs, including by:
 - Screening for non-medical needs
 - Using NCCARE360, a statewide coordinated network and referral platform to connect beneficiaries to needed social resources and allow for a feedback loop on the outcome of that connection.
 - Providing additional support for high-need cases, such as navigating to medical-legal partnership resources
- PHPs will contract with qualified local entities—e.g., Tier 3 Advanced Medical Homes and Local Health Departments—for the provision of care management to support these activities.*

Healthy Opportunities Pilots

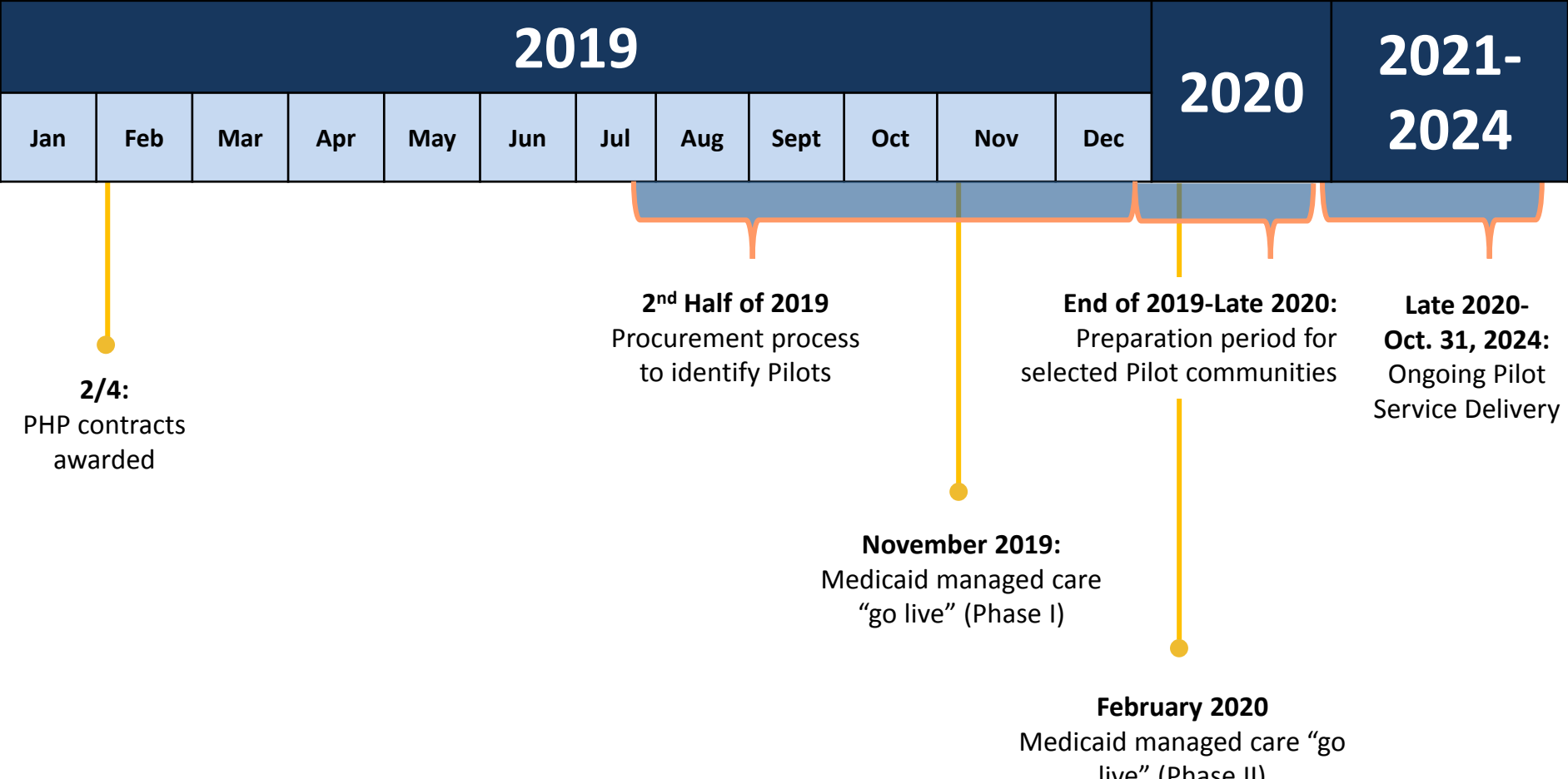
- PHPs in two to four geographic areas of the state will work with their communities to implement the “Healthy Opportunities Pilots,” as approved through North Carolina’s 1115 waiver.**
- Pilots will test evidence-based interventions designed to reduce costs and improve health by more intensely addressing housing instability, transportation insecurity, food insecurity, interpersonal violence and toxic stress for qualifying Medicaid beneficiaries, enrolled in managed care.

Today's Focus

*For additional information on North Carolina’s care management infrastructure, see the Appendix.

**For additional detail on North Carolina’s Approved 1115 waiver, please visit DHHS informational 1115 waiver [website](#).

Major Milestones: Medicaid Transformation and Healthy Opportunities Pilots



Overview: Healthy Opportunities Pilots

What Are the Healthy Opportunities Pilots?

The federal government authorized up to \$650 million in state and federal Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid enrollees.

Pilot funds will be used to:

- Cover the cost of federally-approved Pilot services
 - *DHHS is developing a fee schedule to reimburse entities that deliver these non-clinical services*
- Support capacity building to establish “Lead Pilot Entities” that will develop and manage a network of human service organizations (HSOs), and strengthen the ability of HSOs to deliver Pilot services
 - *DHHS will procure Lead Pilot Entities with deep roots in their community that can facilitate collaboration across the healthcare and human service providers through building partnerships.*

NC’s priority “Healthy Opportunities” domains

Housing



Food



Transportation



Interpersonal
Violence



Who Qualifies for Pilot Services?

To qualify for pilot services, Medicaid managed care enrollees must have:



At least one Needs-Based Criteria:

Physical/behavioral health condition criteria vary by population:

- Adults (e.g., 2 or more chronic conditions)
- Pregnant Women (e.g., multifetal gestation)
- Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)
- Children 0-21 (e.g., Experiencing three or more categories of adverse childhood experiences)



At least one Social Risk Factor:

- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

What Services Can Enrollees Receive Through the Pilots?

North Carolina's 1115 waiver specifies services that can be covered by the Pilot.



Housing

- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month's rent and security deposit)



Food

- Linkages to community-based food services (e.g., SNAP/WIC application support)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery



Transportation

- Linkages to existing public transit
- Payment for transit to support access to pilot services, including:
 - Public transit
 - Taxis, in areas with limited public transit infrastructure

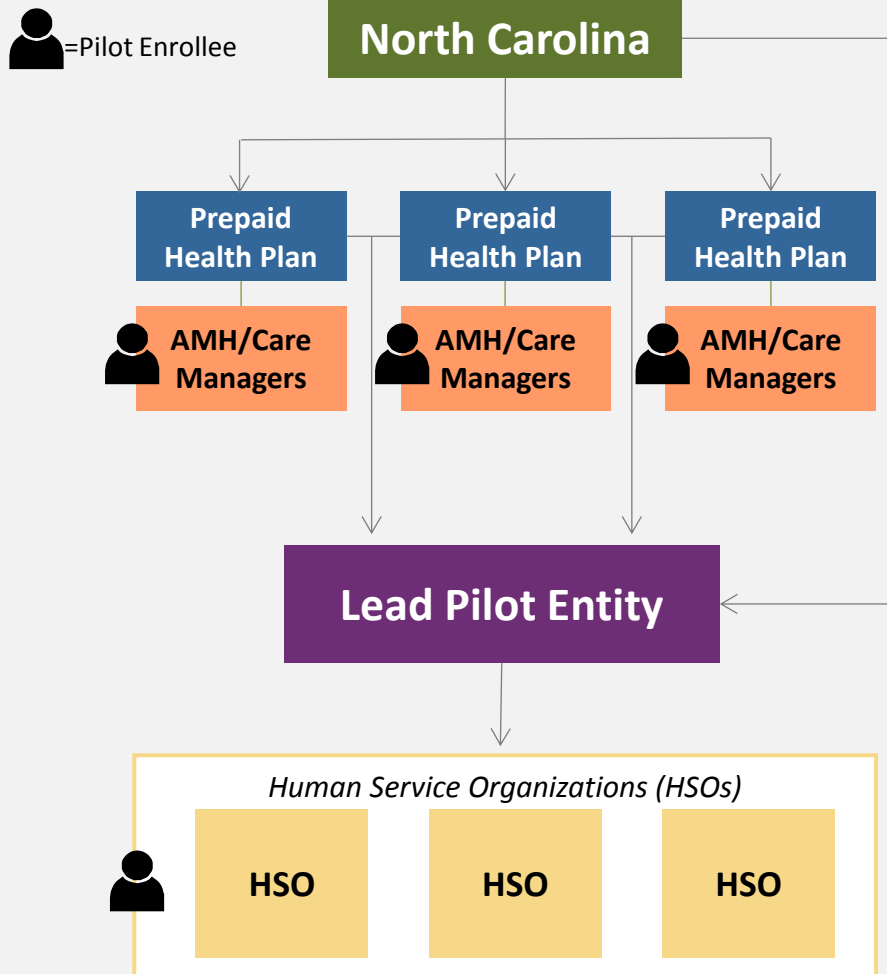


Interpersonal Violence (IPV)

- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services

What Entities Are Involved in the Pilots?

Sample Regional Pilot



Pilot Entities: Overview

- Key pilot entities include:
 - Healthy Opportunities Pilot Enrollees
 - North Carolina DHHS
 - Prepaid Health Plans (PHPs)
 - Care Managers (*predominantly located at Tier 3 AMHs and LHDs*)
 - Lead Pilot Entities (LPEs)
 - Human Service Organizations (HSOs)

Deeper Dive: Key Entities' Roles in the Pilots

PHPs

- Manage a Pilot budget
- Approve which enrollees qualify for Pilot services and which services they qualify to receive
- Ensure the provision of integrated care management to Pilot enrollees

Care Managers

- Frontline service providers predominantly located at Tier 3 AMHs and LHDs interacting with beneficiaries
- Assess beneficiary eligibility for Pilot, identify recommended pilot services, and manage coordination of pilot services, in addition to managing physical and behavioral health needs
- Track enrollee progress over time

Lead Pilot Entities

- Competitively procured by DHHS
- Develop, manage, pay and oversee a network of HSOs
- Provide support and technical assistance for HSO network
- Convene Pilot entities to share best practices

More information on the Lead Pilot Entities' responsibilities are on the next slide.

Human Service Organizations

- Frontline social service providers that contract with the LPE to deliver authorized, cost-effective, evidence based Pilot services to Pilot enrollees
- Participate in the healthcare delivery system, including submitting invoices and receiving reimbursement for services delivered

What Are the Lead Pilot Entity's Responsibilities?

Lead Pilot Entities (LPEs) will serve as the essential connection between PHPs and HSOs. Two to four LPEs will be selected by DHHS in 2019 through a competitive bidding process.

Key LPE Roles & Responsibilities include:

- **Developing an HSO Network:** Recruiting, training, managing and overseeing the network of organizations that deliver pilot services within its pilot area.
- **Paying HSOs and Providing Financial Oversight:** Receiving payment from PHPs and, in turn, paying HSOs for services rendered.
- **Advising Care Management Teams:** Advising care managers during care plan development on availability of services and capacity of in-network HSOs.
- **Convening Key Pilot Stakeholders:** Convening key pilot entities and other stakeholders to promote communication and coordination across partners.
- **Providing Technical Assistance:** Providing technical assistance and expertise to HSOs to ensure their successful participation in the pilot.
- **Collecting and Submitting Data:** Collecting and submitting data for evaluation and program oversight.

Who Will Be Able to Apply to Become a Lead Pilot Entity?

Lead Pilot Entities should be deeply rooted in their communities and able to build partnerships with HSOs to create a smooth experience for Pilot enrollees.

Lead Pilot Entity Applicants

- DHHS anticipates that Lead Pilot Entities will be existing community-based social service or health organizations, or a partnership such organizations.
- Entities that are likely best positioned for the Lead Pilot Entity Role include (but are not limited to):
 - ✓ Community-based organizations
 - ✓ County-based public agencies
 - ✓ Local Health Departments
 - ✓ Social services or multiservice agencies
 - ✓ Community health centers
 - ✓ Community health foundations, or associations
 - ✓ A partnership of agencies who come together to form a Lead Pilot Entity
- Lead Pilot Entities may partner with health systems, but DHHS anticipates they will not be led by them.
- PHPs and Local Management Entity-Managed Care Organizations (LME-MCOs) may not serve as Lead Pilot Entities.

Lead Pilot Entities should demonstrate meaningful partnerships with a range of community-based organizations and other key Pilot entities in the communities they serve.

Ensuring Accountability for and Maximizing Learning from the Pilots

North Carolina will utilize several strategies to ensure accountability for federal and state Pilot funding and to learn how to deliver effective non-medical interventions across a population.

Tools for Accountability and Learning



Rigorous Evaluation:

- **Rapid Cycle Assessments:** To gain “real-time” insights on whether Pilots are operating as intended, if services are having their intended effects, and what mid-course adjustments need to be made to improve delivery of effective services.
- **Summative Evaluation:** To assess the global impact of the Pilots, learn which interventions are effective for specific populations, and plan for incorporation into the Medicaid program.



Value-Based Payments: Payments for Pilot services will increasingly be linked to performance against health outcomes and healthcare cost benchmarks.



Program Integrity: State oversight to ensure funds are spent as intended by Pilot entities.

How Can I Learn More About the Pilots?

Visit the [Healthy Opportunities Pilots Webpage](#) and sign up for the healthy opportunities listserv to receive Pilot news and other healthy opportunities updates.

(e-mail healthyopportunities@dhhs.nc.gov to be added)

Join the upcoming RFI “Deep Dive” webinar on Pricing and Defining Pilot Services **Friday, February 22nd from 1:30-2:30 pm.**

Register for the webinar [here](#).



Read the Healthy Opportunities Pilots [Policy Paper](#) and [Fact Sheet](#) for additional detail on Pilot Design.

Introduction to the Healthy Opportunities Pilots RFI

What Is the Pilots Request for Information (RFI)?

On February 15, DHHS released a Policy Paper and accompanying RFI to seek feedback from interested stakeholders on the Healthy Opportunities Pilots.

Pilot Policy Paper: Describes key aspects of the Healthy Opportunities Pilots design in greater detail. We strongly recommend that you review the Policy Paper and refer to it when responding to the Pilot RFI.

Pilot RFI: Is a two-part solicitation:

- **Narrative Questions:** Respondents will answer questions on critical aspects of Pilot design in a written format.
- **Excel Workbook:** Respondents will provide information about their service delivery costs in an Excel workbook template to inform development of a fee schedule for Pilot services.

Who Should Respond to the Pilot RFI?

Feedback on the Healthy Opportunities Pilots through the RFI is critical to informing Pilot design and service fee schedule.

Anticipated RFI Respondents

- Any interested stakeholder is encouraged to respond, particularly organizations that may participate in the Pilots as a Lead Pilot Entity, care management entity or a provider of Pilot services.
- PHPs are not precluded from responding to this RFI; however, DHHS intends to consult separately with PHPs awarded contracts.
- The best way to weigh in on the pilot design and fee schedule for Pilot services is through the RFI.
 - However, DHHS will provide additional opportunities to weigh in on Pilot design and the fee schedule for Pilot services.

What Is the Purpose of the Pilot RFI?

The purpose of the Healthy Opportunities Pilots RFI is twofold:

Pilot Design

To solicit feedback from potential Pilot partners on Pilot design and implementation, particularly with respect to procuring Lead Pilot Entities

&

Pilot Fee Schedule

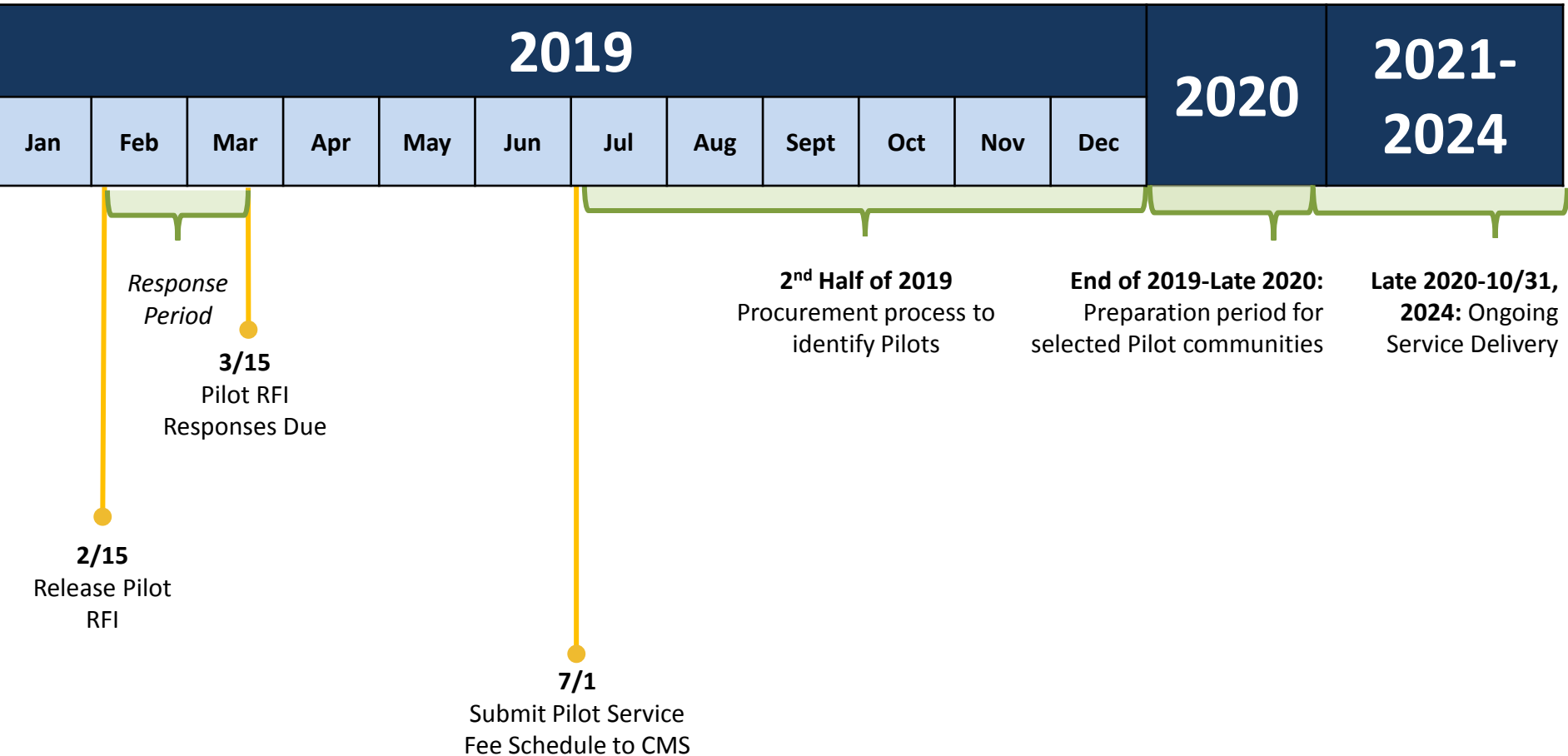
To solicit service descriptions and cost data from HSOs and others providing similar services to assist DHHS' efforts in defining and pricing Pilot services in a fee schedule

What Is the Pilot Fee Schedule?

The Pilots represent the first time Medicaid funding will systematically pay for non-medical services for a broader swath of Medicaid enrollees, requiring the development of a fee schedule.

- The fee schedule will include service definitions and associated prices for approved Pilot services, which all Pilots will adhere to in their reimbursement practices.
- Responses from HSOs and other stakeholders will be critical to developing a transparent and equitable fee schedule.
- The fee schedule is due to the Centers for Medicare and Medicaid Services (CMS) on July 1, 2019 for review and approval.

Major Milestones for Healthy Opportunities Pilot Procurement & Launch



Overview of Key Pilot RFI Components

Overview of RFI Components

STATE OF NORTH CAROLINA Department of Health and Human Services Division of Health Benefits	REQUEST FOR INFORMATION NO. 30-190336 Healthy Opportunities Pilots	
	Due Date/Time: March 15, 2019 / 2:00 PM ET	
Refer ALL Inquiries to: Deidra Jones Contract Specialist 919-527-7236 E-Mail: Deidra.jones@dhhs.nc.gov	Issue Date: February 15, 2019	
	Commodity: 948-07 – Health Administrative Services	
Using Agency: NC Department of Health and Human Services (Department), Division of Health Benefits (DHB)		

This Healthy Opportunities Pilots Request for Information (RFI) is available electronically on the NC Interactive Purchasing System (IPS) at <https://www.ips.state.nc.us/ips/>.

The purpose of this RFI is to survey the market for information requested herein and not to award a contract. Submission of a response does not create an offer, and no award will result by submitting a response.

The State recognizes that considerable effort may be required in preparing a response to this RFI. However, the Respondent shall bear all costs for preparing and submitting a response. Information obtained through this RFI process may be used to develop a future solicitation.

Responses to this RFI will be received until **2:00 PM ET, March 15, 2019**.

EXECUTION

RESPONDENT NAME:	E-MAIL:	
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING:	FAX NUMBER:	
AUTHORIZED SIGNATURE:	DATE:	

TO SUBMIT A RESPONSE: It is the responsibility of the responding entity ("Respondent") to submit its response to this RFI via email Deidra.jones@dhhs.nc.gov by the specified date and time.

Responses should clearly note the RFI Number **30-190336** in the subject line of the email.

Pilot RFI Components

Section IV on, "Questions for Respondents" is the core Pilot RFI section for respondents. Section IV includes the following sub-sections:

- Sub-section A: Information about Respondent

★ Sub-section B: Roles and Responsibilities of Pilot Entities

★ Sub-section C: Defining, Pricing and Paying for Pilot Services

★ =For discussion today

RFI Section IV.B.: Roles and Responsibilities of Pilot Entities



- In RFI Section IV.B., respondents will provide written feedback on the roles and responsibilities of the following entities:
 - Lead Pilot Entities
 - Human Service Organizations
 - Care Managers

Example Questions on Roles and Responsibilities of Pilot Entities:

Lead Pilot Entities: Roles and Responsibilities

Lead Pilot Entities are expected to have: experience providing relevant non-medical services or working directly with organizations that provide such services; strong, longstanding relationships in the proposed Pilot geographic area with a variety of human service organizations; expertise in providing services in a culturally competent manner; and a commitment and the expertise to strengthen the capacity of human service organizations to work effectively with healthcare systems and providers.

- a) How can the Department best assess potential Lead Pilot Entities on these capabilities and competencies in the forthcoming procurement process?

Human Services Organizations: Roles and Responsibilities

What kinds of capacity building activities will HSOs need to undertake to participate in the Pilots (e.g., investment in data systems or software, expansion of staff, development of other infrastructure, etc.)? Please describe the activities in as much detail as possible and provide any available information on the potential cost of such activities.

RFI Section IV.C.: Defining, Pricing and Paying for Pilot Services

RFI Section IV.C. seeks:

- **Qualitative** information to support the development of Pilot service definitions (subsections 1 through 4)
- **Quantitative** information on HSOs' costs today to deliver Pilot or Pilot-like services (subsection 5)

Sub Section	Title	Description
1	Overview	To understand responding organizations' role in social service delivery and experience with the healthcare system, if any
★ 2	Approved Pilot Services	To obtain descriptions of how HSOs deliver Pilot services (or similar services) today
3	Bundled Payment Design	To assist with developing bundles of complementary services that together address a specific need
4	Cost of Delivering Pilot Services (<i>Qualitative</i>)	To understand key factors that impact the costs associated with delivering Pilot services
★ 5	Cost of Delivering Pilot Services (<i>Quantitative</i>)	To gather data on the current cost of providing Pilot or Pilot-like services to inform development of the Pilot services fee schedule

North Carolina DHHS strongly encourages HSOs, and other stakeholders with relevant experience, to complete all sub-sections.

Section IV.C.2.: Approved Pilot Services

The Service Description Chart seeks qualitative information on how HSOs deliver Pilot services (or other, similar services) today to support DHHS's development of Pilot service definitions.

Example Service Description Chart Questions (*not exhaustive*):

Category	Response
I. Current Operations <i>Based on the organization's current state, provide responses to the following questions.</i>	
Service Name	
Select Pilot Service(s) from Appendix A that best align(s) with the named service. <i>(Include one or more services from Appendix A, depending on how the Respondent provides currently provides services)</i>	
Service Description <i>(Describe the core activities and/or goods included in this service. Reference established, standardized protocols if available)</i>	
Cost Elements <i>(List the core cost components to provide this service, which may include direct and indirect costs)</i>	
Frequency <i>(Describe how often the service is provided (e.g., daily, weekly, monthly, as needed))</i>	

Section IV.C.5.: Cost of Delivering Pilot Services (Quantitative)



This worksheet helps organizations translate current program costs into an estimated “cost per unit” for a particular service.

- The workbook includes empty tabs to be completed by respondents and filled-out sample tabs to use as a guide.
- **Additional information is available in a subsequent webinar on Friday, February 22nd from 1:30-2:30 PM ET.**

Section IV.C.5 is a critical component of the Pilot RFI. Human services organizations, social service agencies and others that may seek to directly offer services are strongly encouraged to complete the cost worksheet.

RFI Submission Details

Deadline: Responses to the Healthy Opportunities Pilot RFI are due by 2pm on March 15th, 2019

Please submit your written responses and any questions regarding the RFI by e-mail to: Deidra.jones@dhhs.nc.gov

Q&A

How Can I Learn More About the Pilots?

Visit the [Healthy Opportunities Pilots Webpage](#) and sign up for the healthy opportunities listserv to receive Pilot news and other healthy opportunities updates.

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Thank you!

Appendix

Awarded Prepaid Health Plans

On February 4th, 2019, North Carolina's Department of Health and Human Services announced the selection of Prepaid Health Plans (PHPs), which will begin issuing Standard Plan products in certain regions when the State launches Medicaid managed care in November 2019. Statewide PHP contracts were awarded to:

- **AmeriHealth Caritas North Carolina, Inc**
- **Blue Cross and Blue Shield of North Carolina**
- **UnitedHealthcare of North Carolina, Inc**
- **WellCare of North Carolina, Inc**

The State also awarded a regional contract to **Carolina Complete Health, Inc**

Care Management in Medicaid Managed Care

All Standard Plan PHPs will provide high-risk Medicaid enrollees with robust care management services, primarily by contracting with two types of local entities.*

Advanced Medical Homes (AMHs)

- AMHs are the primary vehicle for delivering care management under managed care.
- PHPs must delegate certain care management functions to state-certified “Tier 3” practices at the local level
- Tier 3 practices must attest to their ability to perform care management functions, and will receive additional compensation for taking on care management responsibilities.

Local Health Departments (LHDs)

- LHDs are health departments in each county or district of the State that, among other services, provide care management for high-risk pregnant women and at-risk children.
- LHDs will continue to provide these services under managed care, for at least a transitional period of 3 years.

Care managers at these entities in Pilot areas will play a critical role managing and coordinating services for Pilot enrollees.

*For beneficiaries who do not receive care management from a Tier 3 AMH or a LHD, the PHP may either directly provide care management services or delegate these responsibilities to a different qualified local entity. Beginning in 2021, Tailored Plans will be required to contract with designated Tier 3 AMHs, community-based care management agencies, or other local entities to provide care management to the maximum extent possible for all enrollees.

Pilot Eligibility Criteria: Needs-Based Criteria

Eligibility Category	Age	Needs-Based Criteria (at least one, per eligibility category)
Adults	22+	<ul style="list-style-type: none"> 2 or more chronic conditions. Chronic conditions that qualify an individual for pilot enrollment include: BMI over 25, blindness, chronic cardiovascular disease, chronic pulmonary disease, congenital anomalies, chronic disease of the alimentary system, substance use disorder, chronic endocrine and cognitive conditions, chronic musculoskeletal conditions, chronic neurological disease and chronic renal failure, in accordance with Social Security Act section 1945(h)(2). Repeated incidents of emergency department use (defined as more than four visits per year) or hospital admissions.
Pregnant Women	n/a	<ul style="list-style-type: none"> Multifetal gestation Chronic condition likely to complicate pregnancy, including hypertension and mental illness Current or recent (month prior to learning of pregnancy) use of drugs or heavy alcohol Adolescent ≤ 15 years of age Advanced maternal age, ≥ 40 years of age Less than one year since last delivery History of poor birth outcome including: preterm birth, low birth weight, fetal death, neonatal death
Children	0-3	<ul style="list-style-type: none"> Neonatal intensive care unit graduate Neonatal Abstinence Syndrome Prematurity, defined by births that occur at or before 36 completed weeks gestation Low birth weight, defined as weighing less than 2500 grams or 5 pounds 8 ounces upon birth Positive maternal depression screen at an infant well-visit
	0-21	<ul style="list-style-type: none"> One or more significant uncontrolled chronic conditions or one or more controlled chronic conditions that have a high risk of becoming uncontrolled due to unmet social need, including: asthma, diabetes, underweight or overweight/obesity as defined by having a BMI of 85th %ile for age and gender, developmental delay, cognitive impairment, substance use disorder, behavioral/mental health diagnosis (including a diagnosis under DC: 0-5), attention deficit/hyperactivity disorder, and learning disorders Experiencing three or more categories of adverse childhood experiences (e.g. Psychological, Physical, or Sexual Abuse, or Household dysfunction related to substance abuse, mental illness, parental violence, criminal behavioral in household) Enrolled in North Carolina's foster care or kinship placement system

Pilot Eligibility Criteria: Social Risk Factors

Risk Factor	Definition
Homelessness and housing insecurity	Homelessness, as defined in U.S. Department of Health and Human Services 42 CFR § 254(h)(5)(A), and housing insecurity, as defined based on questions used to establish housing insecurity in the Accountable Health Communities Health Related Screening Tool.
Food insecure	As defined by the US Department of Agriculture commissioned report on Food Insecurity in America: <ul style="list-style-type: none"><li data-bbox="459 586 1821 654">• Low Food Security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.<li data-bbox="459 661 1821 728">• Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake
Transportation insecure	Defined based on questions used to establish transportation insecurities in the Accountable Health Communities Health Related Screening Tool.
At risk of, witnessing or experiencing interpersonal violence	Defined based on questions used to establish interpersonal violence in the Accountable Health Communities Health Related Screening Tool.

Pilot Services (1 of 4)

Service Sub-Category	Enhanced Case Management and Other Services Pilot Program Services
Housing	
Tenancy Support and Sustaining Services	<ul style="list-style-type: none"> • Assisting the individual with identifying preferences related to housing (e.g., type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration • Supports to assist the individual in budgeting for housing/living expenses, including financial literacy education on budget basics and locating community based consumer credit counseling bureaus. • Assisting the individual to connect with social services to help with finding housing necessary to support individual in meeting their medical care needs. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan. • Assisting the individual with housing application and selection process, including filling out housing applications and obtaining and submitting appropriate documentation • Assisting the individual to develop a housing support plan based on upon the functional needs assessment, including establishing measurable goal(s) as part of the overall person centered plan • Developing a crisis plan, which must identify prevention and early intervention services if housing is jeopardized • Participating in the person centered plan meetings to assist the individual in determination or with revisions to housing support plan • Assisting the individual to review, update and modify his or her housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers • Assisting the individual to complete reasonable accommodation requests as needed to obtain housing • Supporting individuals in the development of independent living skills, such as skills coaching, financial counseling and anger management • Connecting the individual to education and training on tenants' and landlords' role, rights, and responsibilities • Assisting in reducing risk of eviction by providing services such as services that help the beneficiary improve his or her conflict resolution skills, coaching, role-playing and communication strategies targeted towards resolving disputes with landlords and neighbors; communicate with landlords and neighbors to reduce the risk of eviction; address biopsychosocial behaviors that put housing at risk; and provide ongoing support with activities related to household management • Assessing potential health risks to ensure living environment is not adversely affecting occupants' health • Providing services that will assist the individual with moving into stable housing, including arranging the move, assessing the unit's and individual's readiness for move-in, and providing assistance (excluding financial assistance) in obtaining furniture and commodities. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. • funding related to utility set-up and moving costs provided that such funding is not available through any other program. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.

Pilot Services (2 of 4)

Service Sub-Category	Enhanced Case Management and Other Services Pilot Program Services
Housing	
Housing Quality and Safety Improvement Services	<ul style="list-style-type: none"> Repairs or remediation for issues such as mold or pest infestation if repair or remediation provides a cost-effective method of addressing occupant's health condition, as documented by a health care professional, and remediation is not covered under any other provision such as tenancy law. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources. Modifications to improve accessibility of housing (e.g., ramps, rails) and safety (e.g., grip bars in bathtubs) when necessary to ensure occupant's health and modification is not covered under any other provision such as the Americans with Disabilities Act.
Legal Assistance	<ul style="list-style-type: none"> Assistance with connecting the enrollee to expert community resources to address legal issues impacting housing and thereby adversely impacting health, such as assistance with breaking a lease due to unhealthy living conditions. This pilot service does not include legal representation or payment for legal representation.
Securing House Payments	<ul style="list-style-type: none"> Provide a one-time payment for security deposit and first month's rent provided that such finding is not available through any other program. This payment may only be made once for each enrollee during the life of the demonstration, except for state determined extraordinary circumstances such as a natural disaster. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee's care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
Short-Term Post-Hospitalization	<ul style="list-style-type: none"> Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual's imminent homelessness provided that such a service is not available under any other programs. Temporary housing may not be in a congregate setting. To the extent temporary housing services are available under other programs, this service could cover connecting the individual to such program and helping them secure housing through that program.

Pilot Services (3 of 4)

Service Sub-Category	Enhanced Case Management and Other Services Pilot Program Services
Food	
Food Support Services	<ul style="list-style-type: none"> Assist the enrollee with applications for SNAP and WIC Assist the enrollee with identifying and accessing school based food programs Assist the enrollee with locating and referring enrollees to food banks or community-based summer and after-school food programs Nutrition counseling and education, including on healthy meal preparation Providing funding for meal and food support from food banks or other community based food programs, including funding for the preparation, accessibility to, and food for medical condition specific “healthy food boxes,” provided that such supports are not available through any other program. Meal and food support services must be provided according to the enrollee’s care plan and must not constitute a “full nutritional regimen” (three meals per day per person).
Meal Delivery Services	<ul style="list-style-type: none"> Providing funding for targeted nutritious food or meal delivery services for individuals with medical or medically-related special dietary needs provided such funding cannot be obtained through any other source. Meals provided as part of this service must be provided according to the enrollee’s care plan and must not constitute a “full nutritional regimen” (3 meals per day, per person).
Transportation	
Non-emergency health-related transportation	<ul style="list-style-type: none"> Transportation services to social services that promote community engagement. Providing educational assistance in gaining access to public or mass transit, including access locations, pilot services available via public transportation, and how to purchase transportation passes. Providing payment for public transportation (i.e., bus passes or mass transit vouchers) to support the enrollee’s ability to access pilot services and other community-based and social services, in accordance with the individual’s care plan. Providing account credits for cost-effective private forms of transportation (taxi, ridesharing) in areas without access to public transit. Pilot transportation services must be offered in accordance with an enrollee’s care plan, and transportation services will not replace nonemergency medical transportation as required under 42 CFR 431.53. Whenever possible, the enrollee will utilize family, neighbors, friends, or community agencies to provide transportation services.

Pilot Services (4 of 4)

Service Sub-Category	Enhanced Case Management and Other Services Pilot Program Services
Interpersonal Violence (IPV)/Toxic Stress	
Interpersonal Violence-Related Transportation	<ul style="list-style-type: none"> • Transportation services to/from IPV service providers for enrollees transitioning out of a traumatic situation.
IPV and Parenting Support Resources	<ul style="list-style-type: none"> • Assistance with linkages to community-based social service and mental health agencies with IPV expertise. • Assistance with linking to high quality child care and after-school programs. • Assistance with linkages to programs that increase adults' capacity to participate in community engagement activities. • Providing navigational services focusing on identifying and improving existing factors posing a risk to the safety and health of victims transitioning out of traumatic situations (i.e., obtaining a new phone number, updating mailing addresses, securing immediate shelter and longer-term housing, school arrangements to minimize disruption of school schedule, connecting enrollees to medical-legal partnerships to address overlap between healthcare and legal needs).
Legal Assistance	<ul style="list-style-type: none"> • Assistance with directing the beneficiary to available legal services within the legal system for interpersonal violence related issues, such as securing a Domestic Violence Protection Order. This pilot service does not include legal representation or payment for legal representation.
Child-Parent Support	<ul style="list-style-type: none"> • Evidence-based parenting support programs (i.e., Triple P – Positive Parenting Program, the Incredible Years, and Circle of Security International). • Evidence-based home visiting services by licensed practitioners to promote enhanced health outcomes, whole person care and community integration. • Dyadic therapy treatment for children and adolescents at risk for or with an attachment disorder, or as a diagnostic tool to determine an attachment disorder.